



CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

March 12, 2009

State Treasurer Bill Lockyer
California State Treasurer's Office
915 Capitol Mall, Room 110
Sacramento, CA 95814

Finance Director Mike Genest
California Department of Finance
915 L Street
Sacramento, CA 95814

RE: Protect Medi-Cal Adult Dental Program Above All Other "Optional" Health Services

Dear State Treasurer Lockyer and Finance Director Genest:

The California Rural Indian Health Board, Inc., (CRIHB) provides health and health related services to eleven Tribal Health Programs and 30 federally recognized Tribes in twenty-one rural counties in California. We are part of an American Indian health care system that is chronically under funded and highly dependent on the Medi-Cal program to support our vital efforts to provide dental care to adult patients from all backgrounds and walks of life. In light of this, we strongly and respectfully urge that if budget reductions must be made to the vast Medi-Cal program, that adult dental care be retained.

To be specific, we urge that you protect the Medi-Cal adult dental program above all other "optional" Medi-Cal benefits. If budget cuts are required of optional services provided under this benefits plan, we urge that adult dental be retained while eliminating the other proposed optional services. CRIHB further recommends that you assist in reclassifying adult dental care as part of the basic medical benefits package and not as an optional benefit. We understand that Federal guidelines establish the core Medicaid services. However, we believe very strongly, supported by evidence-based medicine, that oral health is an integral part of BASIC medical care and NOT an optional benefit. Therefore, CRIHB further recommends that state leadership work with the federal Centers for Medicaid and Medicare Services to reclassify adult dental care as outlined above.

The Council on Multicultural Health, a state oversight entity whose mission is to advise the Director of the Department of Health Care Services (DHCS) and the California Department of Public Health on improving access to quality healthcare and eliminating health disparities among the state's diverse racial and ethnic populations, supports this position. The Council sent a letter to David Maxwell-Jolly, Department of Health Care Services Director, making these same recommendations on March 11, 2009. Please consider meeting with Director Maxwell-Jolly to further discuss the recommendations of the Council. Council Membership includes: Miya Iwataki-Chair; Martha Jazo-Bajet; Roxanna Bautista, MPH; Lupe Alonzo-Diaz, MPA; Mark P. Espinosa, MPH; Mary Anne Foo, MPH; Gordon L. Fung, MD, MPH; Britta Guerrero; Erkia Hainley, MSW; Vivian Huang; Walter Lam; Mark LeBeau, MS; Martin Martinez; Fa'asalalau "Sala" Mataalii, MSN; Jane Ka'alakahikina Pang; Lori Quince; A. Eric Ramos, MD, FAAPF; V. Diane Woods, DrPH.

4400 Auburn Blvd., 2nd Floor, Sacramento, CA 95841

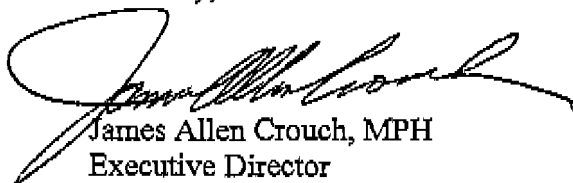
Phone: 916-929-9761 • 800-274-4288 • Fax: 916-929-7246 • www.crihb.org • firstname.lastname@crihb.net

Oral health status affects overall health and well being, as well as employability and productivity. Poor oral health not only results in needless and avoidable pain and suffering but also is associated with a variety of other diseases and conditions, including respiratory disease, diabetes, stroke, heart disease, and preterm and low birth weight deliveries. Poor oral health also may lead to loss of employment and reduced hours of work due to pain, infection and associated dental visits. Yet 2.8 million adults in California could lose access to dental services if the current proposal to eliminate the Medi-Cal adult dental program as a cost cutting measure is enacted. While the program's elimination would result in only a minor reduction in state outlays, it would cause the loss of at least \$115 million of federal matching funds, substitute more expensive services for less expensive treatments and preventive services, and exacerbate the problems of the safety net by placing more pressure on community clinics and emergency rooms. Eliminating the Medi-Cal adult dental coverage would have other significant ramifications, including lower participation by dentists in the program and ultimately, significant oral health and medical problems in racial and ethnic communities, pregnant women, low-income, disabled and elderly adults.

Oral disease has become what many experts now call "the silent epidemic," causing chronic suffering for millions of people and disproportionately affecting low-income families, communities of color, and the elderly. Experts cite a complex interaction of factors as the cause of California's oral health disparities and disease epidemic. These include a declining number of practicing dental professionals, especially in low-income neighborhoods; lack of economic incentives for dental professionals to serve low-income populations; poor coordination between providers of primary care and dental care; massive numbers of people with no dental insurance; insufficient amounts of public funding for dental care; inefficient use of available resources; lack of public awareness about ways to prevent oral disease; lack of understanding of oral health issues by numerous decision makers; and lack of effective government policy to correct these problems. Given this detrimental situation, the most effective, efficient, and immediate approach to treating the factors causing this growing statewide problem is the strongest consideration in protecting and maintaining the Medi-Cal adult dental program.

I would be pleased to be of any assistance to you or your staff on these issues. Please do not hesitate to contact me at 916.929.9761.

Sincerely,



James Allen Crouch, MPH
Executive Director

Cc: CRIHB Board of Directors